

**AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS
LABORATORY ACCREDITATION BOARD (ASCLD/LAB)**

**ANNUAL ACCREDITATION AUDIT REPORT FROM August 2009
to August 2010**

Indicate the period of activity above. The period should include a full year from accreditation anniversary to the next anniversary. The Annual Report is due on or within 60 days after the laboratory's anniversary date.

Accreditation Certificate Number (Submit a separate form for each certificate number): 324

Laboratory Name: Forensic Science Services

Agency Name: Austin , Texas Police Department

LABORATORY DIRECTOR: Check if changed since the last report ☐

Name: William Gibbens Title: Manager

Street / Mailing Address: 812 Springdale Rd PO Box 689001

City: Austin State/Province: Texas Zip/Postal Code: 78768-9001

Country: US Telephone: 512-974-5118 Fax: 512-974-6640

E-mail: bill.gibbens@ci.austin.tx.us

NAME OF SYSTEM DIRECTOR (if applicable): _____

QUALITY MANAGER: Check if changed since the last report ☐

Name: Anthony Arnold Title: QA Manager

Telephone: 512-974-5103 Fax: 512-974-6640

E-mail: Tony.arnold@ci.austin.tx.us

LABORATORY DELEGATE (Check one)

☒ The Laboratory Director listed above is the Delegate.

☐ As Laboratory Director, I have named the following individual as the Delegate for this laboratory:

Name: _____ Title: _____

Telephone: _____ Fax: _____

E-mail: _____

SELF-EVALUATION OF COMPLIANCE

Using standards and criteria in the most current Accreditation Manual, a self-evaluation of your laboratory operations should form the basis for completing the following table.

	Total Number Possible	Total Yes	Total No	Total N/A	Percentage Yes
Essential	91	60	15	17	80
Important	45	40	3	2	93
Desirable	16	15	1	0	94

While the current manual should always be used for annual audits, laboratories which were accredited under the standards and criteria of an earlier version of the manual are not required to be in compliance with new standards which were added or raised to essential after their accreditation. However, laboratories must include a statement concerning such standards, which they do not meet, to indicate the steps that are being taken to move toward compliance with those standards and criteria.

This report must include explanations of any essential criteria scored “No” during the self-evaluation.

PERSONNEL

Total number of employees subject to proficiency testing (including vacancies): 58

The total number of employees subject to proficiency testing (including vacancies) is an important number and should be accurately determined. This is the number used to calculate your laboratory’s shares for the annual administrative fee. The number should not include administrative or clerical personnel. The number does include all laboratory positions subject to proficiency testing, whether in training, providing technical support or currently vacant.

IMPORTANT . . . If the response to any of the following is YES, please attach an explanation

During the past year:

- Did the annual audit reveal any instance of substantive non-compliance with any *Essential* criteria? ☒ Yes ☐ No

The primary purpose of the *Annual Accreditation Audit Report* is to document that the laboratory has made at least an annual determination that operations continue to be in compliance with accreditation standards, with a particular focus on *Essential* criteria. Laboratories must report *substantive* occurrences of non-compliance with essential criteria. “Substantive” means potentially having a significant bearing on the quality of the work of the laboratory, even if for a short period of time. With the expectation that a laboratory will always react internally and appropriately to instances of known non-compliance, it is not necessary to report every isolated occurrence of non-compliance. For deciding upon inclusion in this report, factors such as significance, substance and time-span of non-compliance should be evaluated. When in doubt, include the finding in your report.

- Was any discipline or sub-discipline added, reinstated, or suspended? ☐ Yes ☒ No

List the discipline(s), action(s) taken and date: _____

- Did an inconsistency or error on a proficiency test occur that required corrective action to be implemented? ☐ Yes ☒ No
- Did an inconsistency or error on casework occur that required corrective action to be implemented? ☒ Yes ☒ No

IMPORTANT . . . If the response to the following is NO, please attach an explanation

- Did the laboratory meet the external proficiency testing requirements of each discipline, including the submission of all test results by the test provider’s deadline? ☒ Yes ☐ No

SIGNATURE (A typed name should be inserted for reports submitted via E-mail)

William Gibbens

Laboratory Director

10/27/10

Date

INSTRUCTIONS

- Reports may be submitted electronically to tdolin@ascd-lab.org or mailed to: ASCLD/LAB
139 J Technology Drive
Garner, NC 27529
- Questions about the completion of the *Annual Accreditation Audit Report* may be addressed to ASCLD/LAB at 919-773-2600 or mcreasy@ascd-lab.org

Every laboratory must submit an *Annual Accreditation Audit Report* to ASCLD/LAB on or within 60 days of the anniversary date of the laboratory’s accreditation. This report and supporting documentation can serve as proof of an annual audit (1.4.2.3). Laboratories applying for accreditation must conduct an audit in order to complete the Grade Computation Sheets and other supporting documents required with the application. Those documents may serve as proof of an audit for the purpose of the accreditation inspection. Laboratories having an inspection for renewal of accreditation, may utilize the application documents and inspection report as supporting documentation of an audit

for the year in which the inspection is conducted. While appropriate as supporting documentation, neither the application for renewal, nor the subsequent inspection report replaces the required *Annual Accreditation Audit Report*.